



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	2,160.00	
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Complete if Known	
Application Number	10/033,532
Filing Date	October 16, 2001
First Named Inventor	Wing P. Leung
Examiner Name	A. Q. Shang
Art Unit	2623
Attorney Docket No.	GS/080 CONT.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 06-1075 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>
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50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
36	- 31 = 6	x 50	= 300.00

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
8	- 9 =	x	=

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)Other (e.g., late filing surcharge): 1253 Extension for response within third month
1801 Request for continued examination (RCE) (see 37 ...)

1,050.00

810.00

<u>SUBMITTED BY</u>	
Signature	<u>Regina Sam</u>
Name (Print/Type)	Regina Sam

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 5-28-08Signature: Mary Murphy (Mary Murphy)



AMENDMENT TRANSMITTAL LETTER

Docket No.
GS/080 CONT.

Application No. 10/033,532	Filing Date October 16, 2001	Examiner A. Q. Shang	Art Unit 2623
Applicant(s): Leung et al.			
Invention: APPARATUS AND METHOD FOR PARENTAL CONTROL USING V-CHIP PLUS+ AND MASTER PASSWORD			

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	36	- 31 =	6	x 50.00	300.00
Independent Claims	8	- 9 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month Request for continued examination (RCE)					\$1050.00 810.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,160.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 06-1075 in the amount of \$ 2,160.00 .
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 06-1075 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Regina Sam

Dated: May 28, 2008

Regina Sam

Attorney/Agent Reg. No.: L0381

ROPES & GRAY LLP
One International Place
Boston, Massachusetts 02110
(617) 951-7000

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ECOPY

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		Examiner Name	A. Q. Shang
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2623
TOTAL AMOUNT OF PAYMENT	(\$ 2,160.00)	Attorney Docket No.	GS/080 CONT.

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<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 06-1075		Deposit Account Name: Ropes & Gray LLP	
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<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
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Each independent claim over 3 (including Reissues) 210 105						
Multiple dependent claims 370 185						
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1801 Request for continued examination (RCE) (see 37 ... 810.00)						

SUBMITTED BY					
Signature	<i>Regina Sam</i>		Registration No. (Attorney/Agent)	L0381	Telephone (617) 951-7814
Name (Print/Type)	Regina Sam		Date	May 28, 2008	

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Dated: 5-28-08

Signature: *Mary Murphy* (Mary Murphy)



COPY

AMENDMENT TRANSMITTAL LETTER

Docket No.
GS/080 CONT.

Application No.
10/033,532

Filing Date
October 16, 2001

Examiner
A. Q. Shang

Art Unit
2623

Applicant(s): Leung et al.

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